MEMORANDUM



TO Members of the Joint Budget Committee FROM Christina Beisel, JBC Staff (303-866-2149)

DATE May 20, 2020

SUBJECT LLS 1199/S.B. 19-195 Appropriation for DHS

The Committee approved a balancing option to eliminate FY 2020-21 funding for Health Care Policy and Financing appropriated in S.B. 19-195 (Child and Youth Behavioral Health System). As part of this decision, the Committee approved legislation (LLS 20-1199) to make implementation requirements subject to available appropriations.

In drafting the appropriations clause for the bill, staff realized that funding appropriated to the Department of Human Services was omitted from the original staff recommendation and Committee action.

Therefore, staff is recommending the Committee approve a reduction to the Office of Behavioral Health in the Department of Human Services of \$495,380 total funds, including \$195,380 General Fund. This includes the amount originally appropriated in S.B. 19-195, as well as a small annualization for FY 2020-21.

Original Staff Write-Up:

→ S.B. 19-195 CHILD AND YOUTH BEHAVIORAL HEALTH SYSTEM - ELIMINATE

JBC ACTION AS OF 3/16/20: For FY 2019-20, the appropriation includes \$1.4 million total funds, including \$619,484 General Fund, and 3.9 FTE for child and youth behavioral health system enhancements (created in S.B. 19-195). For FY 2020-21, the appropriation increases by \$98,676 total funds, including \$58,008 General Fund and 1.1 FTE.

OPTION: Eliminating this program would reduce General Fund appropriations to the Department by \$677,492 General Fund between FYs 2019-20 and 2020-21. Reducing the appropriation would eliminate 5.0 FTE, including 3.9 FTE who have already been hired in FY 2019-20.

Key Considerations: Program added since FY 2013-14/ Affects a vulnerable population

Additional Background:

This bill requires the Department of Health Care Policy and Financing (HCPF) and the Department of Human Services (DHS) to work collaboratively to provide Medicaid-covered wraparound services for children and youth at risk of out-of-home placement or who are currently in out-of-home placement. Out-of-home placement is defined to mean a child or youth who has been diagnosed as having a mental health or behavioral health disorder that may require a level of care that is provided in a residential child care facility, inpatient psychiatric hospital, or other intensive care setting outside the home. It also includes children and youth who have entered the Division of Youth Services or are at risk of child welfare involvement. The DHS is also required to create three new tools to assess, screen, and provide a single referral and entry point for children with mental or behavioral health issues. The Department of Public Health and Environment (CDPHE) must provide free training for providers on these tools.